



# **NEW HAMPSHIRE**



## **NEW HAMPSHIRE STATE CANCER REGISTRY**

Year Funded	Type of Program	Affiliation	Compliance with Public Law 102-515: Legislation and Regulations <sup>†</sup>	
1994	Enhancement	State Health Dept.; Dartmouth College	Authorizing legislation for a statewide registry: Yes	Regulations in place for data reporting, confidentiality, and use: All

<sup>\*</sup>Source: NPCR Legislative Database, January 2001.

#### **Cancer Burden**

Cancer is a devastating disease. According to the American Cancer Society, in 2001 an estimated 553,400 Americans will die of cancer, and approximately 1.3 million new cancer cases will be diagnosed. These estimates do not include in situ (preinvasive) cancer of any site except urinary bladder or approximately 1 million cases of nonmelanoma skin cancer to be diagnosed this year. In New Hampshire, an estimated 5,800 new cancer cases will be diagnosed, and approximately 2,500 will die of this disease in 2001. New Hampshire ranks 10th highest overall in cancer mortality rates among the 50 states and Washington, D.C.\*

#### The NPCR

Cancer surveillance involves the systematic collection, analysis, and use of cancer data. Information derived through surveillance is critical for directing effective cancer prevention and control programs. The Centers for Disease Control and Prevention's National Program of Cancer Registries (NPCR), authorized by Congress in 1992 through the Cancer Registries Amendment Act (Public Law 102-515), serves as the foundation of a national, comprehensive cancer control strategy. Statewide cancer registries provide critical data to help identify and monitor trends in cancer incidence and mortality over

time; guide cancer control planning and evaluation; help allocate health resources; and advance clinical, epidemiologic, and health services research.

Through the NPCR, CDC supports registries in 45 states, the District of Columbia, and three territories, representing 96% of the U.S. population.† Forty-five programs receive support to enhance existing registries; these have on-going cancer data-collection activities, policies and procedures for central registry operations in place, and core staff employed. Four programs receive support to plan and develop new registries; they are typically involved in laying the necessary groundwork for establishing a central, population-based registry.

With fiscal year 2001 appropriations of approximately \$36 million, CDC continues to support and enhance state cancer registries, and promotes appropriate uses of data. The CDC will also develop special research projects, such as studies of patterns of cancer care in specific populations and assessments of data for integration with geographic information systems.

### **State Highlights:**

 The New Hampshire State Cancer Registry was certified by the North American Association of Central Cancer Registries for completeness, timeliness, and quality of its 1997 data. • The New Hampshire State Cancer Registry initiated a computerassisted quality assurance (QA) process in 1999. The process uses registry data to describe practice patterns and compares those patterns with practice guidelines. Where findings vary from guidelines, QA reports are produced enabling reexamination of the data sources contributing to those anomalous patterns. Central registrars then work with reporting sites to assess data problems and how to correct them. Findings may also indicate reporting processes that need modification (e.g., reporting cases before the first course of treatment is completed).

# **Contact Information**

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